PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000 CLAIMS AS FILED - PART I								Application or Docket Number 09/940593 NIP 243					
		CLAIMS A	AS FILED (Colum			(Column 2)			ENTITY			R THAN	
「	TOTAL CLAIMS		g	q				TYPE		OF		LENTITY	
F	FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F			RATE	FEE	
TOTAL CHARGEABLE CLAIMS		1/1	9 minus 20=		•				OF	BASIC FE	F 710.00		
INDEPENDENT CLAIMS			14"	7 minus 3 =		• 1		X\$ 9=	<u> </u>	_OF	X\$18=		
MULTIPLE DEPENDENT CLAIM P					:1			X40=	<u> </u>	OR	X80=	320	
┞				•				+135=		OR	+270=	i	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1030		
9	1.16.02 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALI	L ENTITY	OR		THAN ENTITY	
		CLAIMS REMAINING		HIGH	SY		ſ		ADDI-	_	S.WALL	ADDI-	
AMENDMENT A		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total .	. 6	Minus	· 2	0-	=		X\$ 9=	1	OR	X\$18=		
	Independent	. 5	Minus	1		= -	f	X40=	1	OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	•	 				
			ر بهیده	•			L	+135=		OR	+270=		
Q	11.04						Al	TOTAL DOIT. FEE		JOR ,	TOTAL ADDIT, FEE		
	1101	(Column 1) CLAIMS	(Colum HIGHE										
H B		REMAINING AFTER		NUMB!	ER	PRESENT		RATE	ADDI- TIONAL	1 1	DATE	ADDI-	
KEN		AMENDMENT	====	PAID F		EXTRA	L	TIAI L	FEE	ľ	RATE	TIONAL FEE	
AMENDMENT B	Total	· Q	Minus	. 2	<u> </u>	= —	ı	X\$ 9≖		OR	X\$18=	_	
AM	Independent	NTATION OF MIL	Minus	/			Γ	X40=		OR	X80=	~	
	THO! THESE	MATION OF MC	LITTLE DE	PENDENT	LAIM		T.	+135=		OR	+270=		
9	40						L	TOTAL			TOTAL		
$\dot{\lambda}$	4.05	- (Column 1)		(Column	. 2)	(Column 3)	, AD	DIT. FEE		1011	IDDIT. FEE		
ပ		CLAIMS		HIGHES	SY .	Column 3)			400:		· ·		
ENDMENT		REMAINING AFTER		NUMBE PREVIOU	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT	Minus	PAID FO)	-	-		FEE			FEE	
	Independent	- 4	Minus	"al	, 	-	L	X\$ 9=		OR	X\$18=		
₹		NTATION OF MU		<i>l</i>	LAIM			X40=		OR	X80=		
										OR	+270=		
If the entry in column 1 is less than the entry in column 2, write "O" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.											TOTAL		
	Die Highest Nur	nber Previously Paid ber Previously Paid	d For IN THIS	S SPACE is I	see than	3 enter "3"		OIT. FEE [in the app	copriate box	l Al	DDIT, FEE L maa 1,		

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